



"People  
helping people  
help  
themselves"

Mitchell E. Daniels, Jr., Governor  
State of Indiana

**DIVISION OF DISABILITY AND REHABILITATIVE SERVICES**  
402 W. Washington Street, P.O. Box 7083  
Indianapolis, IN 46207-7083  
1-800-545-7763

May 11, 2007

#### Letter to People and Families in District 4:

The purpose of this letter is to request your participation in a pilot initiative undertaken by the State of Indiana Division of Disability and Rehabilitative Services (DDRS). Recently, DDRS has begun an effort to provide people with disabilities and their families with more choices in the services which are provided. These choices include provider selection, and the use of an "individual resource allocation" to make sure that people with similar needs have access to "fair and equitable" amounts of public funds.

To accomplish this effort, DDRS has initiated a project called **OASIS (Objective Assessment System of Individual Supports)** which will be implemented on a shadow and pilot basis in District 4. This project is intended to define individual resource allocation guidelines to people and families with similar needs. These guidelines will be used by people and families in their service planning and budgeting with providers. It is important that they be developed in a thoughtful and respectful fashion.

**Here is what we need from you.** The District 4 Shadowing and Pilot project will have two phases. First, we want to build the OASIS individual resource allocation guidelines using the experiences of people who are receiving quality supports and are satisfied with their personal outcomes. Our intent is to use people who volunteer as our "best practices" group. We will examine the amount and cost of these "best practice" supports and compare them with other people who have similar needs. In this phase, no one's funding levels or services will be changed; our sole purpose is to figure out "how much is enough". Please review the attached document, "Best Practice Guidelines", and let us know if you would like to volunteer for the pilot initiative.

The second phase involves actual testing and implementation of the OASIS guidelines. For people in the "best practices" group, there will be no changes. For other people in District 4, we want to see how their services will change if they were to receive amounts of support similar to the "best practice" group.

**Here is what will happen if you volunteer and are selected for the District 4 OASIS pilot.**

1. We will schedule time to meet or call you and discuss the current services and supports which you receive. We will ask you about services that are working particularly well.
2. We will interview your provider(s) and ask them about their staff wages, staff skills, recruiting and retention strategies, and how they organize and deliver supports.
3. We will examine your current annual cost plan, and ask you if there are any changes which you wish to make either now or in the future.
4. Our meetings / telephone calls will last approximately one hour, and we will be contacting you at the beginning of the project (July 2007) and toward the end of the project (October 2007).

Please consider participating in the OASIS pilot. We will be hosting community forums during the week of May 21 through May 25, and will be pleased to answer any questions which you may have. The community forum schedule is listed below:



<b>Date</b>	<b>City</b>	<b>Forum</b>	<b>Time</b>	<b>Location</b>
May 21, 2007	Terre Haute	Provider Forum	1pm – 4pm	IVY Tech 8000 S. Education Drive Terre Haute, IN 47802 Room E100
May 21, 2007	Terre Haute	Consumer/ Family Forum	6pm – 8:30pm	IVY Tech 8000 S. Education Drive Terre Haute, IN 47802 Room E100
May 22, 2007	Monticello	Provider Forum	1pm – 4pm	Pine Valley Resort 1969 N. West Shafer Drive Monticello, IN 47960
May 22, 2007	Monticello	Consumer/ Family Forum	6pm – 8:30pm	Pine Valley Resort 1969 N. West Shafer Drive Monticello, IN 47960
May 23, 2007	Lafayette	Provider Forum	1pm-4pm	Faith Baptist Church 5526 State Road 26 E Lafayette, IN 47905
May 23, 2007	Lafayette	Consumer/ Family Forum	6pm-8:30pm	Faith Baptist Church 5526 State Road 26 E Lafayette, IN 47905
May 24, 2007	Bloomington	Provider Forum	1pm-4pm	Bloomington/Monroe County Convention Center 302 S. College Avenue Bloomington IN, 47403
May 24, 2007	Bloomington	Consumer/ Family Forum	6pm-8:30pm	Bloomington/Monroe County Convention Center 302 S. College Avenue Bloomington IN, 47403

Should you wish additional information, you can call Kellie Calita (317.234.2708). As always, your support and patience are very much appreciated.

Sincerely,

Peter Bisbecos

## BEST PRACTICES FOR DISTRICT 4 OASIS PILOT

**DIRECTIONS:** If you are interested in participating as a member of the District 4 “best practices” group, please complete the following questions for each of the criteria listed below. Use the comment section only if you need to explain your response. Once you have answered the questions, please submit this form to:

Kellie Calita  
DDRS Initiatives  
402 W. Washington Street  
P.O. Box 7083  
Indianapolis, Indiana 46207-7083  
e-mail: [Kellie.Calita@fssa.IN.gov](mailto:Kellie.Calita@fssa.IN.gov)

**BEST PRACTICE CRITERIA:** There are five primary criteria which DDRS would like to use for determining best practice.

1. **Are you healthy and well?** People have different health care needs, and may be in various states of well-being. The questions are:

Questions	Yes	No	Comments
• Do you have any health conditions that have not received adequate attention and care?			
• Have you experienced more than two (2) unanticipated emergency room visits for serious illness or injury?			
• If you have specialized medical equipment, are people supporting you knowledgeable of your needs and how to manage and maintain your equipment?			
• Do you have access to special therapies (such as occupation, speech, or physical therapy) when you need them?			
• If you have a medical high risk management plan? If so, is it consistently implemented?			
• Do you participate in any health promotion activities, and if so, are you satisfied with the experience?			
• Do you have uncontrolled seizures?			
• If you are receiving psychotropic medications, do you have a current behavioral management plan and are people monitoring it for you?			

2. **Are you safe and free from harm:** People have different levels of acceptable risk, and may engage with their environment various ways. The questions are:

Questions	Yes	No	Comments
• Have you had any serious injuries or accidents in the past year?			
• Do you live and work in a safe community?			
• Has anyone exploited you or stolen your property in			

the past year?			
• Have you been involved in an incident which required a state investigation?			
• If you have a high risk management plan, is it consistently implemented?			
• Do you participate in any personal safety training, and if so, are you satisfied with the experience?			

3. **Do you live in a stable home situation:** Stable home life involves both the people with whom you live, the staff who support you, as well as where you live. The questions are:

Questions	Yes	No	Comments
• Have you moved to a new home in the past year?			
• Have you changed roommates in the past year?			
• In the past year, have more than 25% of the direct care staff who support you taken other jobs?			
• Do you have adequate personal privacy in your home?			
• Do you have a choice in the home furnishings and decorations?			
• Do you participate in selecting the menu and/or preparing meals?			

4. **Do you have sufficient personal income:** Whether you earn money from a job or are able to save money by other means, these questions focus on whether you have “spending money” and how easily you can access it. The questions are:

Questions	Yes	No	Comments
• Do you have enough money to participate in outings on a weekly basis?			
• Do you have a job that pays you a wage?			
• Are you able to access your personal funds when you want?			
• Do you have a savings plan and / or bank account?			
• Do you own any personal possessions with a value of over \$500?			
• Do you have a guardian who provides you with financial advice?			

5. **Are you generally satisfied with your life:** These questions focus on two key points: When you make a decision, do other people respect you choices? And, do you feel valued and included in your community?

Questions	Yes	No	Comments
• Are you able to spend time doing activities that you like to do?			
• On an average weekday, do you watch more than two (2) hours of television?			
• Do you feel that your choices are respected and taken seriously?			
• Do you have friends who are not paid to take care of you, or who do not live with you?			
• Do you get to see your family as often as you wish?			
• Do you belong to any clubs, church or community groups?			

• Are you satisfied with your participation in recreational or social events in your community?			
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Scale Questions	1 = not satisfied	2 = partially satisfied	3 = neutral	4 = mostly satisfied	5 = entirely satisfied
On a scale of 1 to 5, how satisfied are you with the services that you receive from your residential habilitation provider?					
On a scale of 1 to 5, how satisfied are you with the services that you receive from your day habilitation provider?					
On a scale of 1 to 5, how satisfied are you with the services that you receive from your case manager?					

Once you have completed the questions, please sign the form and send or e-mail the form to Kellie Calita by June 1, 2007. Kellie's contact information is listed above.

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Signature (Individual or Family Member)